

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR MODIFICATION OF PREVIOUS CERTIFICATE OF NEED APPROVALS

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____	FOR OHCA USE ONLY:		DATE	INITIAL
PROJECT TITLE: _____	1. Check logged (Front desk)	_____	_____	_____
DATE: _____	2. Check rec'd (Clerical/Cert.)	_____	_____	_____
	3. Check correct (Superv.)	_____	_____	_____
	4. Check logged (Clerical/Cert.)	_____	_____	_____

<p>SECTION A - REQUEST FOR MODIFICATION OF PRIOR APPROVED CON</p> <p>1. Check off the statute reference as applicable to the original CON authorization: (See the statutes for detail or the original CON authorization) _____ 19a-638. Additional function or service, Change of Ownership, Service Termination. _____ 19a-639. Capital Expenditure for major medical equipment exceeding \$400,000 or other capital expenditure exceeding \$1,000,000.</p> <p>2. Enter \$0 on "Total Fee Due" line (SECTION B) if section 19a-639 is not checked, or if the proposed additional cost is less than \$100,000 beyond the original authorization; otherwise go on to line 3.</p> <p>3. Enter \$500 on "Total Fee Due" line (SECTION B) if the proposed additional cost is greater than \$100,000 beyond the original authorization but less than or equal to \$1,000,000.</p> <p>4. If section 19a-639 is checked above or if both 19a-638 and 19a-639 are checked and the proposed additional cost is greater than \$1,000,000 beyond the original authorization or if the modification request aggregated with other prior modification requests (for which a fee was not paid) totals greater than \$1,000,000:</p> <p>a. Base fee of \$1,000.00:</p> <p>b. Additional fee: (Incremental Capital Expenditure Requested) >\$100,000 individually or in aggregate with prior modification approvals. (To calculate: Total requested incremental capital expenditure including capitalized financing costs multiplied by .0005, rounded to the nearest dollar.) (\$ _____ X .0005)</p> <p>c. Sum of Base Fee plus Additional Fee: _____</p> <p>d. Enter the amount shown on line A4c on "Total Fee Due" line (SECTION B)</p>	<p>\$ 1,000.00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p>
<p>SECTION B TOTAL FEE DUE: _____</p>	<p>\$ _____ .00</p>

ATTACH CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)